

MDR Tracking Number: M5-04-0619-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-28-03.

The IRO reviewed office visits, hot or cold packs, electrical stimulation, ultrasound therapy, neuromuscular re-education, myofascial release, manual traction, therapeutic exercises, and therapeutic activities rendered from 01-28-03 through 06-20-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity office visits, hot or cold packs, electrical stimulation, ultrasound therapy, neuromuscular re-education, myofascial release, manual traction, therapeutic exercises, and therapeutic activities. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-14-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The Medical Review Division is unable to review this dispute for fee issues. Relevant information was not submitted by the requestor in accordance with Rule 133.309 (g)(3) to confirm delivery of service for the fee component in this dispute. Therefore reimbursement is not recommended.

This Decision is hereby issued this 18<sup>th</sup> day of March 2004.

Georgina Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION amended**

January 11, 2004

**Re: IRO Case # M5-04-0619**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his back in \_\_\_ when he lifted an 80-pound bag of cement. An MRI and electrodiagnostic testing were performed, and the patient was treated with medication, therapeutic exercises, physical therapy and chiropractic manipulation.

Requested Service(s)

Office visits, hot/cold packs, electrical stimulation, ultrasound, neuromuscular reeducation, myofascial release, manual traction, therapeutic exercises, therapeutic activities 1/28/03-6/20/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

Medically necessary treatment and a more than fair amount of treatment for the patient was approved by the carrier. Multiple forms of passive and active therapies were billed on almost all visits – including electrical stimulation, myofascial release, ultrasound, manipulation, manual traction and four units of therapeutic exercises. All of this was for what the records provided for review suggest was a lumbar strain superimposed on preexisting degenerative changes in the lumbar spine. Treatment was excessive and inappropriate for a diagnosed lumbar strain. The records provided for review did not support the necessity of four units of therapeutic exercises. The records are vague and sometimes illegible, and rarely note more than two units of therapeutic exercises. The patient's subjective complaints would indicate that the exercises were ineffective in relieving symptoms or improving function. One unit of CPT 09110 (as was approved by the carrier) would be reasonable for a lumbar strain.

According to the records provided for this review the patient was released from treatment on 3/31/03. He had an exacerbation on 6/5/03 and returned to his D.C. that day for treatment. Exacerbations require no more than two or three days of treatment. Yet the patient had eight office visits from 6/5/03 through 6/20/03, and he was still experiencing pain and restricted ranges of motion when he was released on 6/20/03.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.